

Mental Health Disorders: Child and Adolescent

Publicly funded services to address Mental Health are described in Mental Health Services and School-Based Health Centers. In addition, the DOH Injury program addresses suicide prevention.

Key Findings:

- Few population-based data sources are available with information on mental illness among children and adolescents. Data which are available use differing definitions of mental illness (e.g., diagnosis or experience of symptoms). In addition, misdiagnosis of children, a concern among health care providers, may influence the data.¹
- In 1999, the US Surgeon General reported that 20% of children 0-18 years experienced symptoms of mental disorders, with 5-9% of all children experiencing symptoms which impacted their ability to function.²
- Among Washington households with children surveyed in 2003, approximately 9% of parents of children 3-5 years* and 18% of parents of children 5-10 reported their child had difficulty with emotions, concentration, behavior or getting along with people.³
- Among these households, approximately 6% of parents reported their child had been diagnosed with ADHD/ADD. Similarly, about 6% of parents reported their child diagnosed with depression, and about 6% with a behavioral/conduct disorder. Prevalence increased with the age of child for ADHD/ADD and depression.³
- While hospitalizations only account for a small proportion of children and adolescents with mental health disorders, mental illness was the second leading cause of hospitalization among children in Washington State in 2001-2002. The statewide mental illness hospitalization rate for children 10-17 for 2001-2003 was 28.6 per 10,000.⁴

** Data only available for children ages 3 to 5*

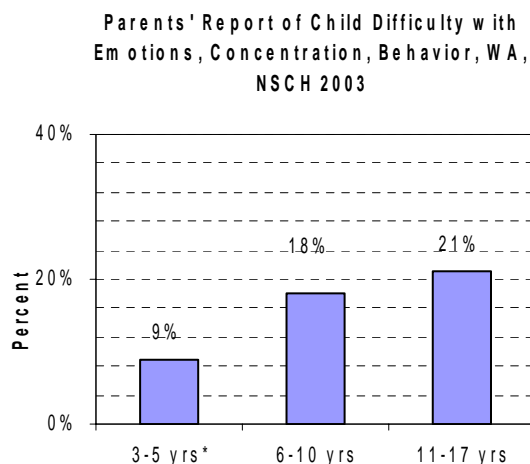
*Washington State Department of Health
Last Updated January 2006*

Definition: *Mental Illness* is a term that refers collectively to all mental disorders. Mental Disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (U.S. Surgeon General, 1999).¹

- Depression is one of the more prevalent mental disorders reported by youth. In 2002-2004, approximately 30% of Washington youth in the 8th, 10th and 12th grade reported experiencing symptoms of depression in the past 12 months. Females were more likely to report experiencing depressive symptoms than boys. Symptoms varied by race/ethnic group, but most differences were not statistically significant.⁵
- For all mental illnesses combined, several groups at high risk for mental illness in Washington have been identified.^c These groups include youth in the juvenile justice system, children in foster care, and children with a parent with mental illness.¹
- In 2003, approximately 60% of Washington youth in the state juvenile justice system had a mental health diagnosis, were taking psychotropic medication, or were suicidal at least one time in a 6-month period.⁶
- The 2005 Northwest Foster Care Alumni Study reported that 54% of foster care alumni reported one or more mental health disorders in the 12 months prior to interview.⁷
- The 2002 National Survey of American Families reported that children and adolescents whose parents experience symptoms of poor mental health or high parental aggravation were about three to five times as likely to have emotional and behavioral problems as children whose parents reported better mental health or only moderate aggravation.⁸
- Additional groups may also be at increased risk for mental illness based on the scientific literature, including American Indian/Alaska Natives, gays and lesbians, refugees and immigrants, and homeless youth. However, Washington-specific data are not available.¹

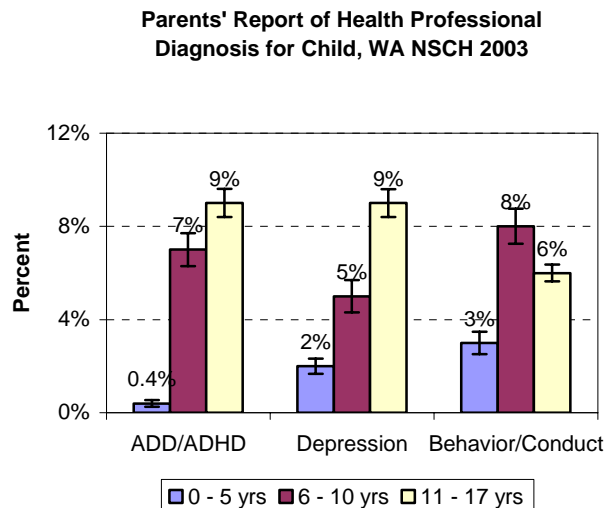
*MCH Data Report 2006
Mental Health: Child and Adolescent*

Prevalence Symptoms Mental Disorders

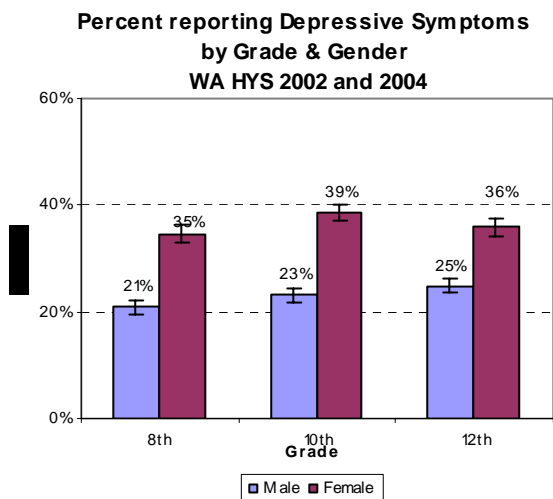


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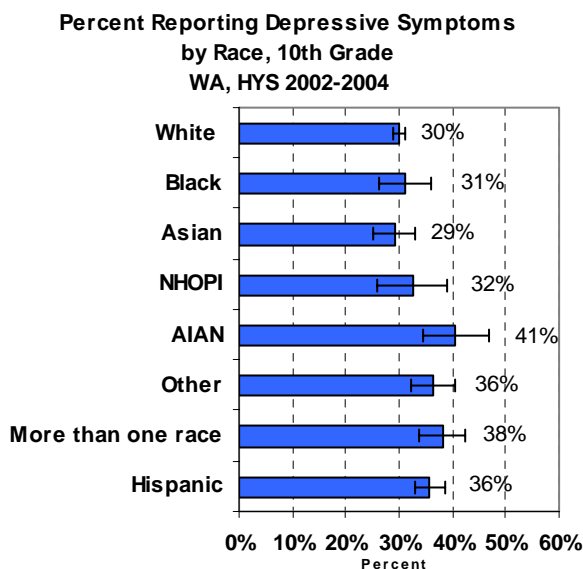
Prevalence by Diagnosis and Age



Depressive Symptoms by Gender and Grade

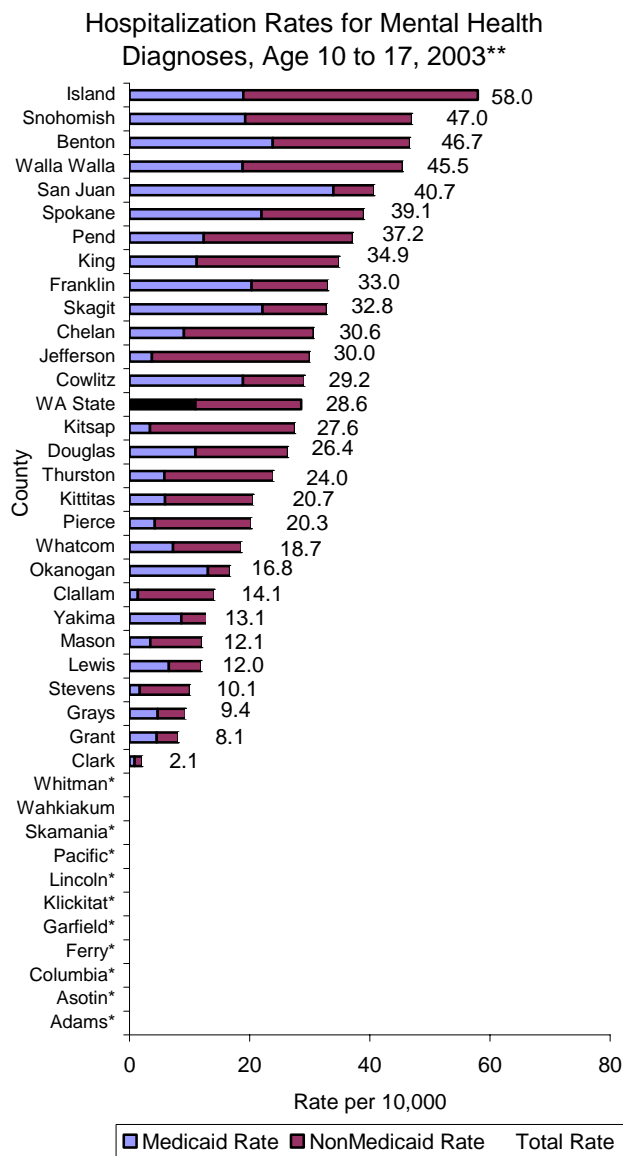


Depressive Symptoms by Race/Ethnicity



*In the Healthy Youth survey, Hispanic ethnicity is asked in the same question as race. Students are asked to choose one or more races, including Hispanic ethnicity, as appropriate.

County Hospitalization Rate ⁴



*County rate not calculated if less than 5 events

** Does not include hospitalizations through the Children's Long-Term Inpatient Program

Data Sources

1. Kander, M. Children's Mental Health in Washington State: A Public Health Perspective Needs Assessment. Washington State Department of Health, Office of Maternal and Child Health, 2006
2. U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
3. 2003 National Child Health Survey, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, April, 2005
4. Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health, 1990-2003.
5. Washington State Healthy Youth Survey 2002 & 2004. Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Website: <http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
6. Governor's Juvenile Justice Advisory Committee (March, 2003) 2003 Juvenile Justice Report Summary retrieved October 21, 2003 from: <http://www.juvenilejustice.dshs.wa.gov/annualrpt.html>
7. Pecora PJ, Kessler RC, Williams J et al. Improving family foster care: Findings from the Northwest Foster Care Alumni Study. Seattle, WA: Casey Family Programs, 2005. Available at <http://www.casey.org>
8. Brandon, R., Hill, S., Mandell, D.J., Carter, L. (2003). Family Matters: Mental Health of Children and Parents Washington Kids Count, Human Services Policy Center, Evans School of Public Affairs, University of Washington.

Endnotes

- a. Mental health hospitalization rates were calculated using ICD-9 codes 291, 292, 294-309, and 311 and do not include hospitalizations at military and state hospitals.
- b. Depressive symptoms were measured by positive responses to the question, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
- c. Populations at high risk for mental illness were defined as those groups with a reported prevalence of mental illness greater than 20%. Characteristics, variables or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder (U.S. Surgeon General, 1999).